

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-005927

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED FEB 19 1963

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Franklin</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Pacific</b>		Length of stay in 1b <b>4 yrs.</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Corbrtt Nursing Home</b>		d. STREET ADDRESS (If outside, give location) <b>Pond Road</b>	
3. NAME OF DECEASED (Type or print) <b>EMILY J. GAEHLE</b>		4. DATE OF DEATH Month <b>2</b> Day <b>12</b> Year <b>63</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>7/29/1884</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). <b>Housework</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At home</b>	
11. BIRTHPLACE (City and state or country) <b>St. Louis Co, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Wm. Poertner</b>		13b. MOTHER'S MAIDEN NAME <b>Emilie Grah</b>	
14. NAME OF HUSBAND OR WIFE <b>Henry Gaehle</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) <b>no</b>	
16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT Address <b>Mrs Ruth Dupree, Glencoe, Mo. Rt1</b>	
18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral thrombosis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis hypertensive heart disease</b> DUE TO (c) <b>Arteriosclerosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>15 days</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Cerebral arteriosclerosis</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>8:30</b> a.m. <b>12</b> p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>Pond, Mo.</b>		
21. I attended the deceased from <b>2-1-68</b> to <b>2-12-63</b> and last saw her alive on <b>2-10-63</b> Death occurred at <b>Pond, Mo.</b> on the date stated above, and to the best of my knowledge, from the causes stated.		22. SIGNATURE <b>S. Brumer M.D.</b> (Degree or title)	
22a. SIGNATURE		22b. ADDRESS <b>Pacific Mo</b>	
22c. DATE SIGNED <b>2/13/63</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
23b. DATE <b>2/15/63</b>		23c. NAME OF CEMETERY OR CREMATOR <b>Bethel Cemetery,</b>	
23d. LOCATION (City, town, or county) <b>Pond, Mo.</b>		24. FUNERAL DIRECTOR <b>Schrader Funeral Home, Ballwin, Mo.</b>	
25. DATE RECD. BY LOCAL REG. <b>Feb. 14. 1963</b>		26. REGISTRAR'S SIGNATURE <b>Mary B. Green</b>	

(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Richard Bopp*

Licensed Embalmer No.

*4584*

P. O. Address

*Ballwin, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed; fact should be so stated above.